

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41840
State File No. 62
Registrar's No. 62

FILED DEC 27 1949

BIRTH NO.		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 5821		Registrar's No. 62	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY New Madrid		b. CITY (If outside corporate limits, write RURAL and give township) Rural S		a. STATE Missouri		b. COUNTY New Madrid	
c. LENGTH OF STAY (In this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) Rural		d. STREET ADDRESS 5 miles North of Lilbourn		72	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile South of Sikeston				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Donald		b. (Middle) Gene		c. (Last) Ratliff	
4. DATE OF DEATH		Month Dec.		Day 10		Year 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH August 26, 1946	
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months 3		IF UNDER 1 YEAR Days 14		IF UNDER 1 HRS. Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lilbourn, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Ratliff		13b. MOTHER'S MAIDEN NAME Macedith Be Witt		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Ratliff Lilbourn, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 66 2/54	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		There was a tear place on the left side about				32	
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				at	
DUE TO (b)		The hip, the distal end				bones	
DUE TO (c)		liver and, fell out of car					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION onto Patient on to Highway 61 1 mile south of Sikeston, Mo.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Highway		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Sikeston, New Madrid, Mo			
21d. TIME OF INJURY 12-10-49		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of car onto Patient			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE L. S. Hodgson				23b. ADDRESS Carson New Madrid, Mo.		23c. DATE SIGNED 12/10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12 1949		24c. NAME OF CEMETERY OR CREMATORY Mounds Park		24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri.	
DATE REC'D BY LOCAL REG. 12-15-49		REGISTRAR'S SIGNATURE Helen Land Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home, Lilbourn, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

226060

RECEIVED DEC 20 1949
District Health Office No. 2
District File Number 1249-127
Date Filed _____

DEC 27 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Homer L. Ponder

Signed _____
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Lilbourn, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.